

PLAINTIFF <i>Brian Anthony Thornton</i>		COURT CASE NUMBER <b>1:18CV 76</b>
DEFENDANT <i>Vishnu Datla</i>		TYPE OF PROCESS
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Vishnu Datla</i>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>2400 Camino Ramon #280 San Ramon, CA 94583</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
<i>Brian A. Thornton</i> <i>11418 Tweedsmuir Blvd</i> <i>Fort Wayne, IN 46814</i>		Number of process to be served with this Form 285
		Number of parties to be served in this case
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>[Signature]</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <i>2602676520</i>	DATE <i>3/29/18</i>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or (Amount of Refund)

REMARKS:

- DISTRIBUTE TO:**
1. CLERK OF THE COURT
  2. USMS RECORD
  3. NOTICE OF SERVICE
  4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PLAINTIFF <i>Brian Anthony Thornton</i>	COURT CASE NUMBER <b>1:18CV 76</b>
DEFENDANT <i>Capital One Bank (USA) NA</i>	TYPE OF PROCESS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Capital One Bank (USA) NA</i>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>8000 Towers Crescent Drive 16<sup>th</sup> Floor NYC NY 10001</i>	
SERVE AT	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW
	<i>Brian Thornton 11418 Tweedsmuir Run Fort Wayne IN 46814</i>
	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

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Signature of Attorney other Originator requesting service on behalf of: <i>[Signature]</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <i>260 267 6520</i>	DATE <i>3/28/18</i>
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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served ( <i>if not shown above</i> )	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address ( <i>complete only different than shown above</i> )	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal? or (Amount of Refund?)

REMARKS:

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  5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PLAINTIFF <u>Brian Anthony Thornton</u>	COURT CASE NUMBER <u>1:18CV 76</u>
DEFENDANT <u><del>West</del> <u>ICMA Retirement Corporation</u></u>	TYPE OF PROCESS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE</b> <u>ICMA Retirement Corporation</u> <b>AT</b> <u>777 N. Capitol St NE Washington DC 20002</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<u>Brian Thornton</u> <u>11418 Tweedsawir Run</u> <u>Fort Wayne, IN 46814</u>	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

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<u>R. M.</u> Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>260-267-6520</u>	DATE <u>3/28/18</u>
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Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date _____	Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy _____	
Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Retard*)

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PRIOR EDITIONS MAY BE USED

PLAINTIFF <i>Brian Anthony Thornton</i>	COURT CASE NUMBER <b>1:18CV 76</b>
DEFENDANT <i>Auto Rabbit, Inc.</i>	TYPE OF PROCESS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT { <i>Auto Rabbit, Inc</i></b>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b><i>2400 Camino Ramon #280 San Ramon, CA 94583</i></b>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<i>Brian A. Thornton</i> <i>11418 Tweedsmuir Run</i> <i>Fort Wayne, IN 46814</i>	
Number of process to be served with this Form 285	
Number of parties to be served in this case	
Check for service on U.S.A.	

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Signature of Attorney other Originator requesting service on behalf of: <i>[Signature]</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <i>260-267-6520</i>	DATE <i>3/28/18</i>
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Address (complete only different than shown above)				Date _____	Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy _____	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

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PRIOR EDITIONS MAY BE USED

PLAINTIFF <i>Brian Anthony Thornton</i>	COURT CASE NUMBER <b>1:18CV 76</b>
DEFENDANT <i>Srini Veeramasu</i>	TYPE OF PROCESS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT { Srini Veeramasu</b>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>1230 Rosecrans Ave, #300 Manhattan Beach, CA 90266</b>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<div><i>Brian A. Thornton</i> <i>11418 Tweedsunir Run</i> <i>Fort Wayne, IN 46814</i></div>	
Number of process to be served with this Form 285	
Number of parties to be served in this case	
Check for service on U.S.A.	

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Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

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PLAINTIFF <i>Brian Anthony Thornton</i>	COURT CASE NUMBER <b>1:18CV 76</b>
DEFENDANT <i>West Advanced Technologies and Sriniv Veeramani</i>	TYPE OF PROCESS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <i>West Advanced Technologies</i>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>1230 Rosecrans Ave # 300, Manhattan Beach, CA 90266</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <i>Brian Thornton 71418 Tweeds muir Run Fort Wayne, IN 46814</i>	
Number of process to be served with this Form 285	
Number of parties to be served in this case	
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Signature of Attorney other Originator requesting service on behalf of: <i>B. Thornton</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	<i>(260) 267-6520</i>	<i>3/28/18</i>

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Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

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